

STATE: NEW MEXICO

4. Agencies must be certified by the Department of Health as providers of case management services to adults with traumatic brain injuries.

Case managers employed by case management agencies must possess the education, skills, abilities, and experience to enable them to perform the activities that comprise a Medicaid case management service. At a minimum, case managers must have at least a bachelor's degree in social work, counseling, psychology, or a related field, from an accredited institution, plus one year experience in the traumatic brain injury field or be a licenced registered nurse with one year experience in the traumatic brain injury field.

In the event that there are no suitable candidates with the above qualifications, an individual with, preferably an Associates Degree and a minimum of three years experience in the mental health/traumatic brain injury field, or with a high school diploma and a minimum of five years experience in the mental health/traumatic brain injury field may be employed as a case manager. In some cases, it may be important that individuals have language skills, cultural sensitivity and acquired knowledge and expertise unique to the geographic area.

- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

- G. Payment for case management services under the plan does not duplicate payments made to public agencies for private entities under other program authorities for this same purpose.

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VI. Case Management of Adult Protective Services

A. Target Group: Case Management services will be provided to Medicaid eligible adults in need of adult protective services who are not residents of an institution. Adult protective services are defined as assistance to any person 18 years or older whom reports received show allegations of abuse, neglect or exploitation and is in need of services furnished by a protective services agency.

B. Areas of the State in which services will be provided:

☒ Entire state

☐ Only in the following geographic areas (authority of Section 1915 (g) (1) Of the Act is invoked to provide services less than statewide)

C. Comparability of Services:

☐ Services are provided in accordance with Section 1902 (a) (10) (B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (B) of the Act.

D. Definition of Services:

The purposes of case management services for adult protective services is to assist those eligible for Medicaid in gaining access to needed medical, social, educational, and other services. Case management services will provide necessary coordination with providers of medical and non-medical services when services furnished by these entities are needed to enable the individual to benefit from programs for which he or she is eligible. No limitation is placed on the number of units of case management services a client may receive each month.

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Case Management services include the following activities:

1. Identifying programs appropriate for the individual's needs, and providing assistance to the individual in accessing those programs.
2. Assessing the service needs of the individual in order to coordinate the delivery of services when multiple providers or programs are involved in care provision.
3. Developing, implementing, and reviewing individual plans of care.
4. Monitoring the delivery of services.
3. Reassessment of the individual to ensure that the services obtained are necessary.

E. Qualifications of Providers:

1. Case Management Agencies:
 - a. Must be an agency employing staff with case manager qualifications; and
 - b. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population; and
 - c. Have a minimum of five years experience in providing all core elements of case management services to the targeted populations; and
 - d. Ensure 24-hr. Availability of case management services and continuity of those services; and
 - e. Have an administrative capacity to ensure quality of services in accordance with State and Federal requirements; and
 - f. Have a financial management capacity and system that provides documentation of services and costs in accordance with OMB A-87 principles; and
 - g. Have a capacity to document and maintain individual case records in accordance with State and Federal requirements; and

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- h. Have a demonstrated ability to meet all State and Federal laws governing the participation of providers in the State Medicaid program, including the ability to meet Federal and State requirements for documentation, billing and audits.
- 2. Case Managers employed by the case management agency must meet the following requirements for education and experience as defined below:
 - a. At a minimum, must have a bachelor's degree in Social Work and be licensed by the New Mexico Board of Social Work; and
 - b. Must possess the knowledge, skills and abilities to perform all of the components of case management services for the target population as determined by the provider agency; and
 - c. When necessary, must possess language skills, cultural sensitivity and acquired knowledge unique to a geographic area.

F. Freedom of Choice

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902 (a) (23) of the Act.

- 1. Eligible recipients will have free choice of the providers of case management services given that the providers meet the qualifications in Section E.
- 2. Eligible recipients will have free choice in participating in case management.
- 3. Eligible recipients will have free choice of the providers of other medical care under the plan.

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